

NON-REGISTERED PERSONNEL PACKAGE

Personal History Form

In accordance with SEC Rule 17a-3, ALL ASSOCIATED PERSONS of a broker/dealer EXCEPT registered sales personnel, are required to have a personal history form on file in the branch office and the home office. For branch office purposes, a personal history form will be required for any person who performs services for the broker/dealer. If you have a person who performs only planning, insurance or other non-broker/dealer related duties, they may be exempt from this requirement. However, before deciding to exempt an employee, ask yourself if that person will **EVER** be called upon to help open the broker/dealer mail, assist securities personnel when they are busy, have access to branch or representative's securities files, or fill in for an employee who is ill, on vacation, or changing jobs. If the answer to any of these questions is "yes," that person is **NOT EXEMPT** from these requirements.

This requirement also makes it mandatory that you notify RJFS Registrations, in writing, of all personnel changes, unregistered, as well as registered, including terminations.

Fingerprint Cards

In accordance with Securities Exchange Act Rule 17f-2, branch office personnel must submit a fingerprint card for processing to the Attorney General of the United States, or its designee, the FBI. The only exemption is for personnel who: (1) are not engaged in the sale of securities; (2) do not have access to securities or monies or do not keep the original books and records relating to the securities or the monies; and (3) do not have direct supervisory responsibility over persons engaged in the activities in (1) and (2).

There is a fee of \$30.25 for processing the fingerprint card, which will be charged back to the branch, so please **NO STAMP PAD JOBS!** If the card is returned because it is illegible, the government charges \$13.00 for a second card, and another \$30.25 for a third card. Therefore, try to make the first card legible. The only acceptable cards are FINRA cards that we have supplied. The government will not require more than three cards.

If you have any questions, please call 1-800-237-8691, extension 73020.

Please return the Personal History Form and fingerprint card completely filled out to the address below:

**Raymond James Financial Services, Inc.
ATTN: Registrations (RJFS)
880 Carillon Parkway
PO Box 12749
St. Petersburg, FL 33716-1102**

RAYMOND JAMES®
FINANCIAL SERVICES, INC.
Member FINRA/SIPC

PERSONAL HISTORY FORM

FULL NAME: James Stephens SS # 518-23-8676

OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

ADDRESS: 12 Wilson Lane, Cohoes NY, 12047 PHONE: 518-506-0942

BIRTHDATE: 05/24/1972

BRANCH#: _____ BRANCH MGR: Kevin Marin POSITION: _____

BRANCH ADDRESS: 950 New Loudon Road, Ste 245, Latham NY 12110 START DATE: _____

SPEED DIAL: _____

Please answer the following questions:

1. Have you ever been denied membership or registrations, or had any disciplinary action taken or sanction imposed upon you by any federal or state agency, or by any national securities association, including any finding that you were a cause of any disciplinary action or had violated any law?

Yes _____ No X

2. Have you ever been associated in any capacity with any member, broker or dealer whose membership or registration was denied, suspended, revoked or the member expelled while you were so associated?

Yes _____ No X

3. Have you ever been arrested or indicted for any felony? Have you ever been arrested or indicted for any misdemeanor involving the purchase, sale or delivery of any security, or arising out of the conduct of the business of a broker, underwriter, bank, trust company, insurance company or other financial institution, or involving any crime in which violence or threats of violence against any person, dishonesty, the wrongful taking of any property, or any manner of fraud was a factor, or involving conspiracy to commit any of the foregoing?

Yes _____ No X

4. Do you have a record of any permanent or temporary injunction entered against you or against a member, broker or dealer with which you were associated in any capacity at the time such injunction was entered?

Yes _____ No X

5. Are you currently engaged in any other business as a proprietor, partner, officer, director, trustee, employee agent or otherwise?

Yes _____ No X

If yes, explain: _____

Method of compensation: _____

WORK HISTORY

Account for all time for the past ten years. Give all employment experience starting with your previous employer and working back ten years. Include full and part-time work, self-employment, military service and unemployment.

Employer	From		To		Position
	Month	Year	Month	Year	
Name: Statewide Financial Systems Address: Bldg 4 Harriman State Campus Albany NY 12222	Feb	2011	Jan	2012	Business Systems Analyst
Name: The Reed Group Address: East Greenbush NY	June	2009	Jan	2010	FMLA Specialist
Name: First Health Address: Albany NY	Jan	2009	April	2009	EPIC Helpline Representative
Name: Davis Vision Address: Latham NY	June	2005	Jan	2009	Provider Services Representative

I, James Stephens the undersigned do solemnly swear that the answers to the above questions and the statements herein made are true, and that I have not made any statement which is false or misleading in any material respect. I understand that I am not an employee of Raymond James Financial or any of its subsidiaries and am therefore not covered by health care plans or workers' compensation.

I authorize and request any and all of my former employers and any other person, to furnish to the organization with which this application is being filed, or any agent acting on its behalf, any information they may have concerning my credit worthiness, character, ability, business activities, educational background, general reputation, together with, in the case of former employers, a history of my employment by them and the reasons for the termination thereof. Moreover, I hereby release such employer and each such other person from any and all liability of whatever nature by reason of furnishing such information to the agency, jurisdiction or organization or any agent acting on its behalf.

Further I recognize that I may be the subject of an investigative consumer report and authorize the results to be released to Raymond James Financial, Inc., any of its subsidiaries, or its agents.

SIGNATURE: _____ DATE: _____

BRANCH MGR. SIGNATURE: _____ DATE: _____

ADDITIONAL EMPLOYER INFO

Employer	<u>From</u>		<u>To</u>		Position
	Month	Year	Month	Year	
Name: Colwell & Salmon Communications	Oct	2004	May	2005	Business Development Representative
Address: Albany, NY					
Name: Homestead Funding Corp	June	2004	Sep	2004	Loan Officer
Address: Albany, NY					